



FORM INS-2

Due 04/30/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
April, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| <small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small> | Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 |



FORM INS-2

Due 05/31/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
May, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| <small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small> | Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 |



FORM INS-2

Due 06/30/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
June, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| <small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small> | Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 |



FORM INS-2

Due 10/31/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
October, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| *Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer. | |
| Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 | |



FORM INS-2

Due 11/30/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
November, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| *Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer. | |
| Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 | |



FORM INS-2

Due 12/31/05

**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX
December, 2005**

Instructions and worksheet are on the other side of this return.



| | |
|---|---|
| Company _____ | Insurance Account Number <u> </u> |
| Address _____ | |
| _____ | |
| * Signature _____ | Estimated Payment (see instructions on back) \$ <u> </u> , <u> </u> , <u> </u> . 00 |
| Name/Title _____ | REMITTANCE MUST ACCOMPANY RETURN |
| Telephone _____ | Make check payable to : Treasurer, State of Maine |
| *Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer. | |
| Send return with check to: Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120 | |

